

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025614

6613

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
FILED JUN 28 1963

1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4222 West Easton	
3. NAME OF DECEASED (Type or print) First Middle Last Maple Applewhite		4. DATE OF DEATH Month Day Year 6-21-63	
5. SEX Fem.	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-5-1929
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Claude Lovelett		11b. MOTHER'S MAIDEN NAME Agnes Ellis	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) No		13. SOCIAL SECURITY NO.	
14. INFORMANT J.C. Appelwhite		15. ADDRESS 4222w Easton Ave	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emboli, Massive Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombi from Ovarian Vessels DUE TO (c) 466x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-11-63 to 6-21-63 and last saw him alive on 6-21-63 Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wiley Smiley M.D.		22b. ADDRESS 2601 N. Whittier	
22c. DATE SIGNED 6-24-63		23. NAME OF CEMETERY OR CREMATORY Berkeley Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-28-1963	
23c. ADDRESS Atkins Bros 3644 Finney		23d. DATE RECD. BY LOCAL REG. JUN 24 1963	
23e. REGISTERAR'S SIGNATURE Earl Smith M.D.		23f. DATE RECD. BY LOCAL REG. JUN 24 1963	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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11

12

13

77

11-10-50

Printed Name

Address

City and State

Age

Education

Occupation

When Embalmed

Where Embalmed

Signature of Embalmer

Signature of Student

Signature of Witness

Signature of Witness

Signature of Witness

Signature of Witness

Signature of Witness

Signature of Witness

STATEMENT BY LICENSED EMBALMER

Signature of Licensed Embalmer

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

x

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John X Cunningham

Licensed Embalmer No. 14476

P. O. Address 2405 Monroe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.